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CONFIRMATION NO. 6400

<b>SERIAL NUMBER</b> 09/998,517	<b>FILING OR 371(c) DATE</b> 11/29/2001 <b>RULE</b>	<b>CLASS</b> 715	<b>GROUP ART UNIT</b> 2178	<b>ATTORNEY DOCKET NO.</b> 111987.122 US2
<b>APPLICANTS</b> Dov Koren, New York, NY;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/250,035 11/29/2000 and claims benefit of 60/293,413 05/24/2001 and claims benefit of 60/259,488 01/03/2001				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 12/14/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Conrad</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 64	<b>TOTAL CLAIMS</b> 9
<b>INDEPENDENT CLAIMS</b> 4				
<b>ADDRESS</b> 29989				
<b>TITLE</b> COLLABORATIVE, FAULT-TOLERANT, SCALEABLE, FLEXIBLE, INTERACTIVE REAL-TIME DISPLAY AND PROCESSING METHOD AND APPARTUS				
<b>FILING FEE RECEIVED</b> 2666	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	